FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

SEC Wall Processing Section

Washington, D.C. 20549

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Washington, DC

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

Name of Offering: (☐ check if this is an amer Oak Park Partners, LLC - Class A U		_	• .		
	Rule 504	Rule 505	Rule 506	Section 4(6)	ŬULOE
Filing Under (Check box(es) that apply):	☐ Kuie 304	⊠ K⊓16 202	LI Kule 300	Li Section 4(6)	Morrie
Type of Filing:	New Filing	☐ Amendment			
	A. B.	ASIC IDENTIFICA	TION DATA		
1. Enter the information requested about the is	suer		 		
Name of Issuer (check if this is an am	endment and name has	s changed, and indica	te change.)		
Oak Park Partners, LLC					
Address of Executive Offices	(Number	and Street, City, State	e, Zip Code)	Telephone Number (Inclu	iding Area Code)
c/o Lexington Partners, Inc., 10411 C	layton Road, Suite	209, St. Louis, 1	MO 63131	(314) 961-2920	
Address of Principal Business Operations	(Number	and Street, City, State	e, Zip Code)	Telephone Number (Inclu	ding Area Code)
(if different from Executive Offices)					DDOCESSED
Brief Description of Business: Real Estate P	urchase and Develor	pment			- TROCEOGED
Type of Business Organization				,	JUL 0 9 2008
☐ corporation	limited partner	ship, already formed	\boxtimes	other (please specify): LLC	THOMSON REUTER
☐ business trust	☐ limited partners	ship, to be formed			IUOMONA KEOLEK
Actual or Estimated Date of Incorporation or O	rganization:	Month 0 5	Yea 0	R Actual	☐ Estimated
Jurisdiction of Incorporation: (Enter two-letter CN for Canad	U.S. Postal Service Al la; FN for other foreign			М	o

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Sec

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if re due, on the date it was mailed by United States registered or certified mail to that address.



Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

it is

	·	A. BASIC IDENTIF	FICATION DATA			
2. Enter the informatio	n requested for the foll		HEATION DATA			-
Each promoter of the	e issuer, if the issuer ha	as been organized within the pas	st five years;			
Each beneficial own	 er having the power to	vote or dispose, or direct the vo	ote or disposition of, 10% or r	nore of a class of eq	uity sec	urities of the issuer;
Each executive office	er and director of corp	orate issuers and of corporate go	eneral and managing partners	of partnership issue	rs; and	
Each general and ma	maging partner of part	nership issuers.				
Check Box(es) that Apply:	⊠ Promoter	Beneficial Owner		☐ Director		General and/or Managing Partner
Full Name (Last name first, if it Kantrovitz, Jr., David E.						
Business or Residence Address 10411 Clayton Road, Sui		City, State, Zip Code) Missouri 63131				
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if it	·					
Andrew R. Katzman Trus			R. Katzman, Trustee			
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
10411 Clayton Road, Sui						
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	ndiviđual)					
Canfield, William W.					_	
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
11432 Lackland Road, St	. Louis, Missouri	63146				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if it	ndividual)					
Reed, Gregory S.						
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
2745 Locust Street, 2 nd F	oor, St. Louis, Mi	ssouri 63103	· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	idividual)					
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if it	ndividual)					
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)	-				<u> </u>
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
	(Use blank shee	et, or copy and use addition	onal copies of this sheet	, as necessary)		

					В. Г	NFORM.	ATION A	BOUT O	FERING	}				-
													Yes	No
1.	Has the issuer	sold, or do	es the issue	r intend to										\boxtimes
						also in App								
2.	What is the m	inimum inv	estment tha	t will be ac	cepted from	m any indiv	idual?			************				
													Yes	No
3.	Does the offer													
4.	Enter the info	ormation re	equested for	each pers	on who ha	is been or	will be pai	d or given	, directly o	r indirectly	, any com	mission or	similar remur	eration for
	registered with	h the SEC	and/or with	a state or s	tates, list th	ne name of	the broker	or dealer. I	f more than	five (5) pe	rsons to be	listed are a	ssociated pers	ons of such
	a broker or de	aler, you m	ay set forth	the inform	ation for th	at broker or	r dealer onl	у.						
Full	Name (Last na	me first, if	individual)											
Bus	iness or Resider	nce Addres	s (Number	and Street	, City, Stat	e, Zip Code	;)							
Nan	ne of Associated	Broker or	Dealer											
Stat	es in Which Per	son Listed	Has Solicite	ed or Intend	s to Solici	Purchasers								
													All S	totes
	(Check "All S [AL]	(AK)	ieck individ [AZ]	uai States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	uus
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[[1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	_[TN]	[TX]	[បា]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (Last na	me first, if	individual)											
							<u> </u>							
Bus	iness or Resider	ice Address	s (Number	and Street	i, City, Stat	e, Zip Code	;)							
Nan	ne of Associated	l Broker or	Dealer											
Stat	es in Which Per	son Listed	Has Solicite	d or Intend	is to Solici	Purchasers	5							
	(Check "All S	tates" or ch	neck individ	ual States)	•••••		************						🗖 All S	tates
	[AL]	(AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	(HI)	[ID]	
	[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	(NE)	[NV] [SD]	[NH] [TN]	[UN] [XT]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH]	[OK] [WI]	[OR] [WY]	(PA) (PR)	
Full	Name (Last na			[11]	[17]	[01]	14.71	[+ 1.	Tital	. [17 7]	[1,1,1]	11/ -1		
			•											
Busi	iness or Resider	ice Address	Number	and Street	. City. Stat	e. Zip Code	2)	*			-		<u> </u>	
					,									
Nan	ne of Associated	Broker or	Dealer				·····				_			
		. 5.0.0. 0.	200.0.											
State	es in Which Per	eon Listed	Une Solicite	d or Intend	le to Solici	Purchasers								
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	(Check "All S									rer 1	IGA?	tun		tates
	(AL) {IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	(CT) [ME]	(DE) [MD]	[DC] [MA]	(FL) [MI]	[GA] [MN]	(HI) [MS]	[MO]	
	(MT)	[NE]	[NV]	[NH]	[LN]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[NT]_	[TX]	່ເບກຸ	[ντ]	[VA]	[WA]	<u>[wvj</u>	·[wŋ	[wY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold 0,00 0.00 0,00 0.00 ☐ Common ☐ Preferred Convertible Securities (including warrants) 0.00 0.00 Partnership Interests 0.00 0,00 Other (Specify: LLC Units)..... \$ 4,302,000,00 \$4,302,000.00 \$ 4,302,000.00 <u>\$ 4,302,000.00</u> Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number investors of Purchases 25 Accredited Investors \$4,302,000.00 Non-accredited Investors 0 0.00 Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Dollar Amount Type of Security Sold Rule 505..... N/A 0.00 0.00 N/A N/A 0.00 0.00 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs..... \boxtimes Legal Fees. **\$** 5,000.00 Accounting Fees

\$ 5,000.00

Other Expenses (identify)

	total expenses furnished in response to Part C - Qu	offering price given in response to Part C - Question 1 and testion 4.a. This difference is the "adjusted gross proceeds to	\$ <u>4,2</u>	97,00	0.00
5.	the purposes shown. If the amount for any purpose	roceeds to the issuer used or proposed to be used for each of se is not known, furnish an estimate and check the box to the sted must equal the adjusted gross proceeds to the issuer set			
			Payments to Officers, Directors, and Affiliates		Payments to Others
	Salaries and fees		\$	\boxtimes	\$5,000.00
	Purchases of real estate		\$	\boxtimes	\$ <u>4,297,000.00</u>
	Purchase, rental or leasing and installation of macl	ninery and equipment	\$		s
	Construction or leasing of plant buildings and faci	lities	\$		s
	Acquisition of other businesses (including the value may be used in exchange for the assets or securities	e of securities involved in this offering that s of another issuer pursuant to a merger)	\$		s
	Repayment of indebtedness		\$		\$
	Working capital		\$		s
	Other (specify) office expenses		\$		\$
	Column Totals		\$	☒	\$ <u>4,302,000.00</u>
	Total Payments Listed (column totals added)		⊠ \$ <u>4,302</u>	000.0	<u> </u>
		D. FEDERAL SIGNATURE	 · .		
ו תו		e undersigned duly authorized person. If this notice is filed und ities and Exchange Commission, upon written request of its stat Rule 502.			
ssu	er (Print or Type)	Signature	Date		
Ja	k Park Partners, LLC	7	June 30	, 2008	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Title of Signer (Print or Type)

Manager, Oak Park Partners, LLC

Name of Signer (Print or Type)

David E. Kantrovitz, Jr.

	Intentional misstatements	or omissions of fact constitute federal criminal violations. (See 18	U.S.C. 1001.)	<u> </u>
		E. STATE SIGNATURE		
			Yes	No
1.	Is any party described in 17 CFR 230.262 p	resently subject to any of the disqualification provisions of such rule?	. 🗆	\boxtimes
		See Appendix, Column 5, for state response NOT APPLICABLE.		
2.	The undersigned issuer hereby undertakes t such times as required by state law.	to furnish to any state administrator of any state in which this notice is filed, a notice on	Form D (17 CFR	239.500) at
3.	The undersigned issuer hereby undertakes to	o furnish to the state administrators, upon written request, information furnished by the is	suer to offerees.	
4.		issuer is familiar with the conditions that must be satisfied to be entitled to the Unifor filed and understands that the issuer claiming the availability of this exemption has the bu		
	e issuer has read this notification and knows th son.	e contents to be true and has duly caused this notice to be signed on its behalf by the und	ersigned duly aut	horized
Issu	uer (Print or Type)	Signature Date		
Oa	k Park Partners, LLC	June 3c	, 2008	
Nar	ne of Signer (Print or Tyne)	Title of Signer (Print or Type)		

Manager, Oak Park Partners, LLC

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

David E. Kantrovitz, Jr.

					APPENDIX					
1	<u> </u>	2	3	T	4					
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	egate price Type of investor and a state amount purchased in State					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	LLC Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL				·						
AK										
AZ		х	Class A – \$200,000	1	\$200,000.00	0	\$0.00		х	
AR										
CA										
со							ļ. <u>.</u> .			
СТ										
ÐE						,				
DC		_								
FL		х	Class A \$400,000	1	\$400,000.00	0	\$0.00		х	
GA					<u> </u>		<u> </u>			
ні										
ID										
IL										
IN										
[A										
KS							1			
KY										
LA						 				
ME					-		 			
MD				<u></u>			-			
MA			Class A –						<u>. </u>	
МІ		х	\$100,000	1	\$100,000.00	0	0.00		Х	
MN										
MS										
мо		х	Class A – \$3,600,000	20	\$3,600,000.00	0	\$0.00		х	
мо		х	Class B – \$2,000	2	\$2,000.00	0	\$0.00		Х	
NE					7 of 8			ı		

, ,		<u> </u>		<u>.</u>	APPENDIX				
1	<u> </u>	2	3			4			5
·	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	LLC Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NV								l	
NH									
NJ								,	
NM									
NY				. <u></u>					
NC			-						
ND								_	
ÓН		;							
OK									<u> </u>
OR							1		
PA									
RI									<u> </u>
sc									
SD						<u> </u>		-	
TN								·	
TX				. <u></u>					
UT									
VT							-		
V <u>A</u>							-	<u></u>	
WA									
wv									
WI									
WY									
PR									<u> </u>

